



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

DAVID L. LAKEY, M.D.
COMMISSIONER

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CODE ENFORCEMENT OFFICER RENEWAL FORM - BLANK FORM

*TO RENEW YOUR REGISTRATION, PLEASE RETURN THIS DOCUMENT WITH THE
APPROPRIATE FEES TO:

**P.O. Box 149347, Mail Code 2003
Austin, Texas 78714-9347***

If you are unsure whether you have been selected for a one or a two year renewal term, or you do not know when your registration expires, please contact our office before using this form. Do not submit this renewal form more than two (2) months prior to your expiration date.

BUDGET: ZZ103 FUND: 154

Your Name

Registration Number: CE _____

Registration Expires: _____

Renewal Amount Due: _____

FEES	Two Year Renewal Term
Renewing on time (postmarked on or before the date your registration expires)	\$106
Renewing late (postmarked less than one (1) year after the date your registration expires)	\$156

Please supply **ALL** following information **AND** Check appropriate box for preferred mailing address:

☐ Residence Address:

HOME PHONE: _____

SSN: _____

DATE OF BIRTH: ____/____/____

Choose a category of employment: Choose only one. The one that you do the majority of the time.

- | | |
|---------------------------------|--------------------------|
| 0. Not Employed | 6. Nuisance Violations |
| 1. Zoning Ordinance | 7. Abandoned Vehicles |
| 2. Sign Regulations | 8. Junk Vehicles |
| 3. Home Occupations | 9. Health Ordinances |
| 4. Housing Codes and Ordinances | 10. Basic Process of Law |
| 5. Building Abatement | |

☐ Employment Address:

Work Phone: _____

Fax #: _____

An Equal Employment Opportunity Employer and Provider

1. Did you complete the required 6 hours of approved continuing education? Yes (___) No (___)

2. Have you been convicted of a felony or misdemeanor in the last 12 months? Yes (___) No (___)

If yes, give date and explain using additional page.

SIGNATURE: _____ DATE: _____

FAILURE TO RETURN THE ORIGINAL COMPLETED APPLICATION WITH ORIGINAL

SIGNATURE, PROPER FEES AND PROVIDE ALL INFORMATION REQUIRED BY LAW WILL

DELAY REGISTRATION.

PRIVACY NOTIFICATION

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004)

**IT IS A VIOLATION OF THE CODE ENFORCEMENT OFFICER REGISTRATION ACT, TEXAS
OCCUPATIONS CODE, CHAPTER 1952, TO REPRESENT YOURSELF AS A CODE
ENFORCEMENT OFFICER UNLESS YOU HOLD A CURRENT REGISTRATION.**

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